

SAMPLE



The Wave of the Future

**WINNEBAGO COUNTY
DEPARTMENT OF HUMAN SERVICES**

REQUEST FOR PARENT COST SHARE REDUCTION

I am requesting consideration for a modification of the cost share for:

Name: _____, ____ / ____ / ____
(First) (MI) (Last) (DOB)

Current Cost Share: \$ _____ Monthly / Annually

Modified Cost Share: \$ _____ Monthly / Annually

Effective Date: _____
(From) (To)

This exemption is requested for the following reason(s):

- ____ 1. The individual or family refuses services essential to prevent future more complex problems for the individual, family or community
- ____ 2. A cost share would create a financial hardship that would greatly impact the individual/family.
- ____ 3. The financial status of the individual/family has changed since the last Ability to Pay Determination.

Remarks to support above: (use back of page or attach additional information if necessary) _____

Specify income/expenses information to support your request: (use back of page if necessary) _____

If granted, the reduction is for 12 months only. Please consider this expense as part of your family budget next year.

Individual/Guardian: _____ Date: _____
(Signature)

Service Coordinator: _____ Date: _____
(Signature)

STATUS OF COST SHARE DUE BY INDIVIDUAL/FAMILY

____ Reduce cost share to \$ _____ / annually

____ Cost share will be exempted

Review Date _____

____ Approved

____ Denied

Department Head: _____ Date _____